

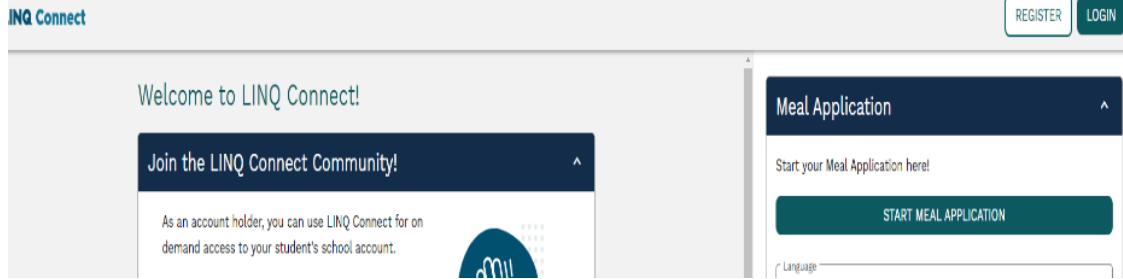


How to apply for F/R Meals through  
LINQ Connect (*formerly, Titan Family*)

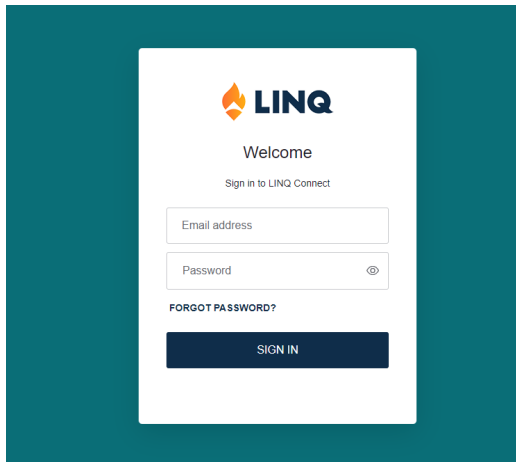
- Now that you've set up your FREE LINQ Connect account, will be able to:
  - View your students Meal Account Activity
  - Apply for Free and Reduced meals
  - Set spending restrictions or limits to your students account
  - Transfer account balances between students (**for parents with multiple children only**)
  - View school menus and check student account balances

*\* Student account balances are updated 3 times per day. Twice before the start of lunch and once in the evening. Any payments made to your child's account will be reflected in Titan (not PaySchools Central) after these uploads take place each day.*

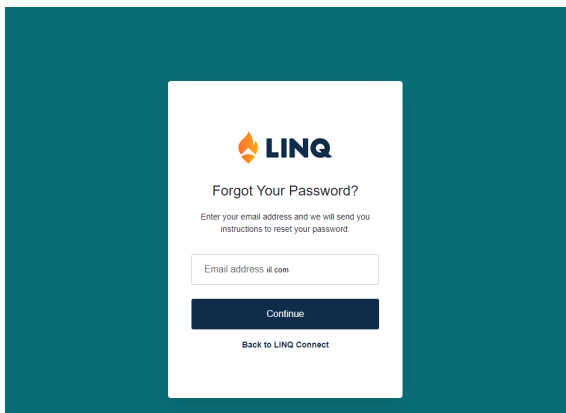
- Go to the following web address: <https://lingconnect.com/>
- At far right, top of the home page, click on the button labeled, 'Login'. \*If you do not have a LINQ Connect Account, you can apply for 'Free and Reduced' benefits by clicking on 'Start Meal Application'. *See below.*



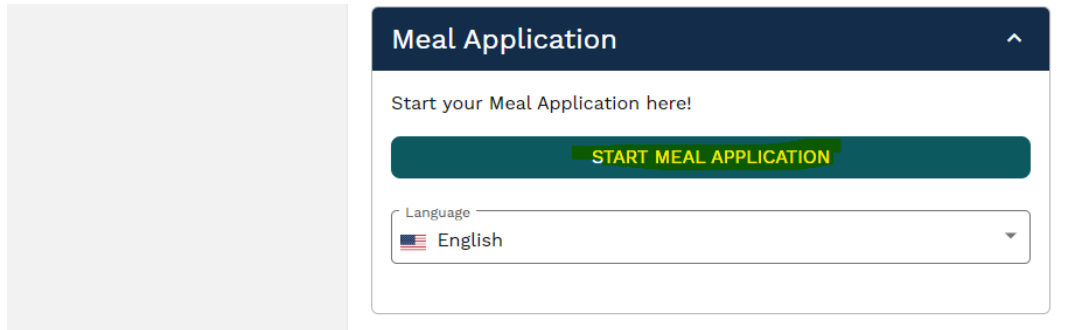
- Enter your username and password. Click enter.



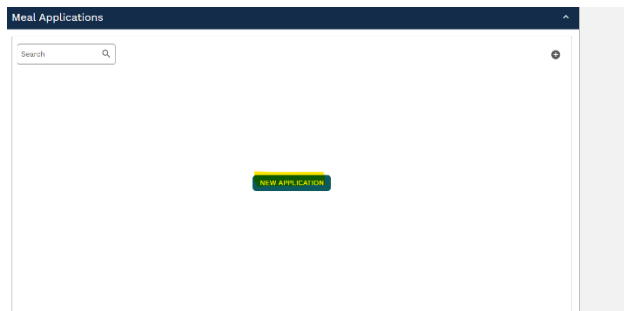
*\* If you have forgotten your password, click on the 'forgot password'. Verify your email address is correct and click on 'Continue'. An email will be sent to the address you listed during the initial registration process.*



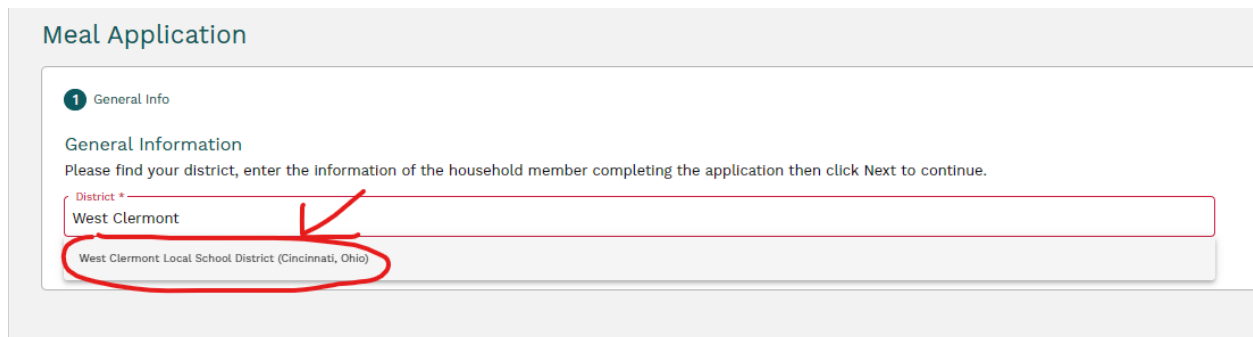
- Once Logged into your LINQ account, and to apply for Free and Reduced meals, click on 'Start Meal Application'.



- On the next screen, you will click on 'New Application'.



- You will be taken to the below screen. Type in 'West Clermont' and then select the district below. Click 'Next'.



- You will be taken to the below screen. Confirm your district and enter the requested information. Click 'Next'.

Meal Application

General Info Additional Questions Letter to Household Students Household Members Review Submit

**General Information**  
Please find your district, enter the information of the household member completing the application then click Next to continue.

West Clermont Local School District (Ohio)

CHANGE DISTRICT

Household street address (optional)

Address

Country

City  State  Postal Code

Daytime Phone Number And Email Address (optional)

Phone  Email

Do any Household Members (including you) currently participate in an assistance program?

Assistance Program

NEXT

- On the next page, you were asked, “Do you wish to share your Free and Reduced Meal Application Information with other programs?\*" By selecting yes to this question, you are agreeing to have your approval status shared for the purposes of having your school fees waived or approving your student for weekend meals (where available). *\*Note: This question must be answered before moving to the next step.*

Meal Application

General Info Additional Questions Letter to Household Students Household Members Review Submit

**Additional Questions**  
Do you wish to share your Free and Reduced Meal Application Information with other programs?

BACK NEXT

- On the next page, you will see a list of questions and answers. Read thoroughly. Click ‘Next’.

**\*NOW AVAILABLE – ONLINE FREE AND REDUCED LUNCH APPLICATIONS\***

You can now apply online for your children to receive free or reduced price school meals. Your application will be sent from a secure website for processing, so you don't need to worry about filling out a paper form. To apply, simply go to [www.family.titank12.com](http://www.family.titank12.com) and click "Apply For Meals Today"; then choose "West Clermont Local School" when prompted to select a district. This site is an easy, secure and convenient way to apply for free or reduced price meals.

**Reduced price is .30 cents for breakfast and .40 cents for lunch.**

- 1. Do I need to fill out an application for each child?** No. Complete the application to apply for free or reduced price meals. Use one application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. If there isn't enough space on the application, list any additional household members on a separate piece of paper, and attach it to the application. **Complete the online application or Return the completed paper application to your school principal.**
- 2. Who can get free meals?** All children in households receiving benefits through the Supplemental Nutrition Assistance Program (SNAP) or Ohio Works First (OWF) benefits can get free meals regardless of your income. Also, your children can get free meals if your household's gross income is within the free limits on the Federal Income Guidelines.  
**STOP!** If you have received a NOTICE OF DIRECT CERTIFICATION for free meals, **do not** complete the application. **Do** let your **school** know if any children in your household are not listed on the Notice of Direct Certification letter you received.
- 4. Can foster children get free meals?** Yes, foster children that are under the legal responsibility of a foster care agency or court, are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income.
- 5. Can homeless, runaway and migrant children get free meals?** Yes, children who meet the definition of homeless, runaway, or migrant qualify for free meals. If you have not been told your children will get free meals, please call Eric Dool at 943-5000 or email [dool\\_e@westcler.org](mailto:dool_e@westcler.org) to see if they qualify.
- 6. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Eligibility Income Chart shown on this application.

K

NEXT

- On the next page, you will be asked to add all students currently enrolled in West Clermont. Click, 'Add Student'.

Meal Application

General info Additional Questions Letter to household **Students** Household Members Review Submit

Students

List all students that attend WEST CLERMONT LOCAL SCHOOL DISTRICT

SEARCH

+

ADD STUDENT

EXPORT

Items per page: 10 0 of 0 Page: 0

Sometimes children in the household earn income. Please include the TOTAL income earned by all infants, children, and students up to and including grade 12.

Student Income How often?

BACK NEXT

- Enter in student information. \*If entering more than one enrolled student information, click 'Save & Add New'. Once all students have been entered, click, 'Save & Close'.

- After adding all WC students, add any student income below. Click 'Next'.

Name	Date of Birth	School	Grade
John Doe	Feb 2, 2022	Cough Pike Elementary	
Jane Doe	Jan 11, 2111	Cough Pike Elementary	

- Enter the total number of household members (including yourself, infants, etc.) even if they do not have an income.

Meal Application

General info Additional Questions Letter to Household Students Household Members Review Submit

**Household Members**  
Enter the total number of household members (total should include students from previous page).

Total Household Members \*

Add a person for each member of your household (including yourself, infants, etc.) even if they do not receive income. Students do not need to be added again.

Search

Name	Wage
John Doe Senior	\$13,847.89 Annually
Jane Doe Doe	\$100.00 Weekly

Items per page: 10 1 - 2 of 2 Page: 1

BACK NEXT

- Add each member of your household (including yourself, infants, etc.) even if they do not have an income. **\*Students do not need to be entered again.**

Meal Application

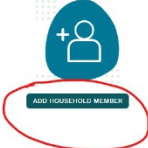
General info Additional Questions Letter to Household Students Household Members Review Submit

**Household Members**  
Enter the total number of household members (total should include students from previous page).

Total Household Members \*

Add a person for each member of your household (including yourself, infants, etc.) even if they do not receive income. Students do not need to be added again.

Search



Items per page: 10 0 of 0 Page: 0

BACK NEXT

- When all household members have been added, click 'Next'. **\*If entering more than one household member, click 'Save & Add New'. Once all members have been entered, click, 'Save & Close'.**

- Review your application.
- If any area needs edited, click on the blue pencil to the right of the category. Once all edits have been made and if all other areas are correct, click 'Next'.

#### Review

Please review the entered information before continuing to submit the application

#### General Information

District  
West Clermont Local School District

Language  
English

Household Address  
1690 Wolfangel Rd  
Cincinnati, OH 45255

Daytime Phone and Email Address (optional)  
(513) 444-0599  
tmccleese82@gmail.com

Assistance Program  
None

#### Additional Questions

Do you wish to share your Free and Reduced Meal Application Information with other programs?  
Yes I wish to share information.

- Once all edits have been made and if all other areas are correct, click 'Next'.



EXPORT -

Items per page: 10 1 - 2 of 2 Page: 1

Student Income: \$0.00 Annually

Household Members

Total Household Members: 4

Search

Name	Wage
John Doe Owner	\$15,047.00 Annually
Jana Doe Doe	\$100.00 Weekly

Items per page: 10 1 - 2 of 2 Page: 1

BACK NEXT

- On next screen, enter ethnicity and race or 'Not Answered' from the drop down box.

Meal Application

General Info Additional Questions Letter to Household Students Household Members Review **Submit**

Sign & Submit

Please review the entered information before continuing to submit the application.

Demographics

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity: **Not answered** Race: **Unknown**

Enter the name of the household member completing the application.

I certify (I promise that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Signed by \*  Last 4 digits of SSN

No SSN

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you file a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR), open enrollment or other Federal benefits for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your eligibility information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), ethnicity, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-2027) found online at: <http://www.fda.gov/oc/ohrt> or in a complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-6992. Submit your completed form or letter to USDA by:

- mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- fax: (202) 690-7442; or
- email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

BACK SUBMIT

- Type your name and enter the last four of your social security number (or click, "I do not have a social security number"). Click 'Submit'.

Meal Application

General Info Additional Questions Letter to Household Students Household Members Review **Submit**

Sign & Submit

Please review the entered information before continuing to submit the application.

Demographics

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity: **Not Answered** Race: **Unknown**

Enter the name of the household member completing the application.

I certify (I promise that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Signed by \*  Last 4 digits of SSN

No SSN

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- fax: (202) 690-7442; or
- email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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BACK SUBMIT

- Once the Application has been submitted, a box with your reference code will pop up. Keep this for your records. Click 'Okay'.

**Connect** | Meal Application

General Info | Additional Questions | Letter to Household | Students | Household Members | Review | **Submit**

**Sign & Submit**  
Please review the entered information before continuing to submit the application.

**Demographics**  
We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Household Member: Not Answered | Race: Unknown

Enter the name of the household member completing the application.  
I certify (promise) that all information on this application is true and that all income is reported. I understand that the information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Name: John Doe Senior | Last 4 digits of SSN: 0000  
 No SSN

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you are a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FIDR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the SNAP and TANF programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, audits for program reviews, and law enforcement officials to help them look into violations of program rules.

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2. fax: (202) 690-7422; or  
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**\*Note: You must apply for Free or Reduced Meals every school year. The School year runs from July 1<sup>st</sup> thru June 30<sup>th</sup>. Applications for the upcoming school year will be available after July 10<sup>th</sup> each year.**

**\*\*Note: We are unable to process payments for Breakfast and Lunch accounts through LINQ Connect. To make payments to a student's meal account, pay school fees, etc. please visit <https://www.payschoolscentral.com>.**